

City of Kennesaw Business License

2529 J. O Stephenson Ave

Kennesaw, GA 30144

Phone – 770-424-8274 Fax – 770-429-4559

Web site: www.kennesaw-ga.gov

Checklist for Alcoholic Beverage License

1. The application must be completed in its entirety before being accepted by the Business License Office. Provide one original and one duplicate of the completed application and all attachments.
2. The application and all attachments must be typed or legibly printed in black ink. The Business License Office reserves the right to refuse to accept any application and/or attachment(s) that are considered illegible by the Business License Office.
3. A personal statement must be submitted for the licensee, each owner, each partner and each stockholder with 20% or more ownership. The Business License Department reserves the right to request personal information on all stockholders, partners and owners.
4. All applications for a new alcoholic beverage license will not be accepted unless the licensee provides a certificate of attendance by the licensee to an approved alcohol sales and service workshop for owners and managers per alcoholic beverage Ordinance Sec. 6-69.
5. Applicants for a license to sell alcoholic beverages on premises must attach a financial report to support the reported amounts on the Food Sales and Alcoholic Beverage Sales Affidavit or a CPA must attest to the reported sales on the Food Sales and Alcoholic Beverage Sales Affidavit. The Food Sales and Alcoholic Beverage Sales Affidavit must be signed by the licensee and the CPA (if completed by the CPA). This form must also be notarized.
6. The sale of alcoholic beverages on Sunday is only authorized for those licensees that possess a Sunday Sales permit. The sale of alcoholic beverages on premises must derive at least 50 percent of their total annual gross food and beverage sales from the sale of prepared meals to qualify for a Sunday Sales permit.
7. **POURING LICENSE APPLICATIONS ONLY** – Please provide the following:
 - a. Floor plan of the entire location
 - b. Structural plan indicating dining area, tables, bar area, kitchen, dance area, pool tables, games and other entertainment
 - c. Complete menu
 - d. Picture of the location (both inside and outside)
 - e. Health department certificate

8. Non U. S. Citizens must provide their original Immigration Card I-551 and naturalized citizens must provide their original certificate of naturalization for verification and copying by the Business License staff. This applies to the licensee, each owner, each partner and each stockholder with 20% or more ownership and the spouses of the licensee, each owner, each partner and each stockholder with 20% or more ownership. If none of the above exists, please provide original documents that authorize you to legally be in the United States.
9. A signed and notarized consent form must be provided for the licensee, each owner, each partner and each stockholder with 20% or more ownership and for the spouse of the licensee, each partner and each stockholder with 20% or more ownership.
10. The licensee must be fingerprinted by the City of Kennesaw Police Department. The licensee will obtain two (2) fingerprint cards from the Business License Department.
11. Two (2) photographs of the licensee, each owner, each partner and each stockholder with 20% or more ownership must be provided. The photographs must be 2x2 and less than a year old.
12. A \$350 nonrefundable application fee must be submitted with the application payable to the City of Kennesaw by certified check, cashier's check or money order or debit/credit card.
13. Submit a note of indebtedness if capital is borrowed. The note of indebtedness must include the parties' names and the terms of the agreement. If buying an existing establishment, provide a copy of the executed purchase agreement and if leasing the space, provide a copy of the lease agreement.
14. Provide a copy of the Certificate of Incorporation if the business is a corporation or a copy of the Certificate of Organization if the business is a LLC. Provide a copy of the Certificate of Partnership if the business is a Partnership or LLP.
15. Provide a distance survey completed by a certified surveyor. The surveyor must provide the specific distance in feet from the customer entrance of the proposed location to the nearest property line or structure listed in Ordinance Sec. 6-42 and 6-43. Each property must have the zoning designation clearly labeled. If the proposed location is in a shopping center the survey must indicate the location of the tenant space. Failure to provide an accurate survey is cause for administrative denial of the application. Surveys for liquor package stores must also indicate the specific distance in feet from the customer entrance to the nearest property line of the nearest liquor package store.
16. Zoning – The zoning of the proposed location must be noted on the application and must be verified by a City of Kennesaw Zoning staff member. The Planning & Zoning Department is located at the lower level rear entrance of Kennesaw City Hall at 2529 J. O. Stephenson Avenue, Kennesaw, GA 30144.

NOTICE – Any and all false information provided to the Business License Department verbally or written will subject that person that provides this false information to prosecution to the full extent of the law and will subject the application to administrative denial or revocation.

LIQUOR PACKAGE ONLY - Submit drawings or snapshots of the location of the existing building to show compliance with Sec. 6-100 of the Alcoholic Beverage Code.

Once the license is approved, all fees must be paid within fourteen (14) days or the license will be void. All alcoholic beverage license fees must be paid with a certified check, cash or debit/credit card.

Failure of employees to comply with obtaining an alcohol server's permit will result in prosecution and possible suspension or revocation of the business owner's alcoholic beverage license. (See Sec. 6-69 & Sec. 6-70).

All alcoholic beverage establishments must apply for and receive a State Alcoholic Beverage License prior to stocking and selling alcoholic beverages. A State Application can be obtained by contacting the Georgia Department of Revenue Alcohol Division at 404-417-4900.

LICENSE FEES

Business license fees/occupational taxes are in addition to the annual alcohol license fees stated below:

	POURING	PACKAGE
LIQUOR	\$3000	\$2000
BEER	\$550	\$300
WINE	\$550	\$300
SUNDAY SALES	\$550	\$300
OFF PREMISE	\$500	N/A
MANUFACTURER	N/A	\$3000
WHOLESALE	N/A	\$100
BOTTLE HOUSE	N/A	\$2000

ALCOHOL LICENSES APPROVED AND ISSUED AFTER JULY 1st WILL BE PRORATED FOR ½ YEAR.

The Mayor and City Council will initially consider the application on the Wednesday prior to the scheduled City Council meeting. The final decision will be made in a public hearing and a representative from the business must be present at the public hearing. **The Business License Department may make a recommendation but has no authority in the decision regarding the license.** Hearings are held at 6:30 PM the first and third Mondays of each month, with exceptions of holidays when the hearing is moved to Tuesday. Hearings are held in the Council Chambers located at the rear entrance of Kennesaw City Hall at 2529 J.O. Stephenson Ave, Kennesaw, Georgia 30144. If there are any questions regarding the alcoholic beverage application, please contact the Business License Department at (770) 424-8274.

City of Kennesaw
Business License Department
Application for Alcoholic Beverage License

Applying For (Check All That Apply):

Liquor ()
Beer ()
Wine ()
Sunday Sales ()

License Type (Circle one):

Manufacturer
Wholesaler
Retail Package
Retail Pouring

Type of Establishment (Circle one):

Restaurant Bottle House
Night Club Convenience Store
Grocery Store Indoor Entertainment Hall
Lounge Hotel/Motel
Private Club Package Store

Business Type (Check one):

Sole Proprietor () Corporation () LLC () Partnership () LLP ()

1. Full name of business _____

Doing Business As (DBA) _____

Anticipated start date of business _____

2. Business Location _____

Email _____ Phone number _____

Mailing Address _____

3. Do you have a certified survey of the location of the property? _____

Does the certified survey indicate that the business is within the designated distance of the following:

- | | | | |
|-------------------------------------|-----------------|-----------|----------|
| a. Private residence | 300 feet radius | _____ Yes | _____ No |
| b. School or college | 600 feet radius | _____ Yes | _____ No |
| c. Church | 600 feet radius | _____ Yes | _____ No |
| d. Public building | 600 feet radius | _____ Yes | _____ No |
| e. Hospital | 600 feet radius | _____ Yes | _____ No |
| f. Public park | 600 feet radius | _____ Yes | _____ No |
| g. Day care center * | 600 feet radius | _____ Yes | _____ No |
| h. Alcohol or drug treatment center | 600 feet radius | _____ Yes | _____ No |

Package Sales have additional distance limitations as follows:

Package Sales Only (Liquor):

- | | | | | |
|----|----------------------------------|-----------------|------------------------------|-----------------------------|
| a. | School or college | 300 feet radius | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| b. | Church | 300 feet radius | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| c. | Day care center * | 300 feet radius | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| d. | Alcohol or drug treatment center | 300 feet radius | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

Package Sales Only (Beer or Wine):

- | | | | | |
|----|----------------------------------|-----------------|------------------------------|-----------------------------|
| a. | School or college | 300 feet radius | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| b. | Alcohol or drug treatment center | 300 feet radius | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

* Must accept GA Pre-K or HOPE Scholarship Monies

* Must follow a prescribed state curriculum

See Code Sections 6-1, 6-42 and 6-43 for distance measurement definition and limitations.

4. For Retail Pouring license, please indicate the following:

Number of pool tables at this location _____

Number of video game machines _____

Size of dance floor _____

Amount of cover charge _____

Will the location have a DJ and if so, number of times per week _____

5. How many square feet are the following:

a. Dining area _____

b. Bar area _____

c. Percentage of total dining space that is a bar area _____

=====

Is this location new construction or pre-existing? _____

How is the proposed location zoned? _____

This section is to be completed and signed by the City of Kennesaw Zoning staff:

Zoning verified by City of Kennesaw Zoning Division staff member _____

If this is an application for a new establishment, attach proof of adequate parking facilities of one (1) off street parking space for each (200) square feet of total floor area within the building in conformity with the zoning ordinance and regulations of the City of Kennesaw.

If new establishment, parking verified by the Zoning Division staff member _____
=====

If Partnership or LLP:

6. Partnership or LLP Name _____

Name of Partner/Member _____

Home Street Address _____

City _____ State _____ Zip _____

Email _____ Phone number _____

Social Security Number _____

Date of Birth _____ Percentage of Ownership _____

Position in Company _____

Name of Partner/Member _____

Home Street Address _____

City _____ State _____ Zip _____

Email _____ Phone number _____

Social Security Number _____

Date of Birth _____ Percentage of Ownership _____

Position in Company _____

****Attach additional sheets if needed**

If Corporation or LLC:

7. Corporation or LLC Name _____

Name of President/Member _____

Home Street Address _____

City _____ State _____ Zip _____

Email _____ Phone number _____

Social Security Number _____

Date of Birth _____ Percentage of Ownership _____

Name of Vice President/Member _____

Home Street Address _____

City _____ State _____ Zip _____

Email _____ Phone number _____

Social Security Number _____

Date of Birth _____ Percentage of Ownership _____

Name of Secretary/Member _____

Home Street Address _____

City _____ State _____ Zip _____

Email _____ Phone number _____

Social Security Number _____

Date of Birth _____ Percentage of Ownership _____

Name of Treasurer/Member _____

Home Street Address _____

City _____ State _____ Zip _____

Email _____ Phone number _____

Social Security Number _____

Date of Birth _____ Percentage of Ownership _____

****Attach additional sheets if needed**

If the business listed in questions 6 or 7 *is owned by another firm or corporation*, provide the information requested in questions 8 and 9.

8. Corporate Name	Business Name	% Owned
_____	_____	_____
_____	_____	_____

9. List name, position, social security number, address, and % owned for each board member of the corporation listed in question 8.

Name	Position	SSN	Home Address	% Owned
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_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

10. Is the licensee or any owner listed in questions 6 – 9 *currently holding an interest or ever been associated with any alcoholic beverage establishment?* If yes, list below.

Licensee/Owner Name	Name of Business	Address
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_____	_____	_____
_____	_____	_____
_____	_____	_____

11. List full name and other required information of relatives of the licensee or owners *who have or have had any license or any financial or ownership interest in any alcoholic beverage business.*

Name/Relationship	Home Address	Business Name/Address
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_____	_____	_____
_____	_____	_____
_____	_____	_____

12. List the full name and address of the property owner on which the business is to be conducted.

13. State the total amount of capital funds to be invested in this business.

\$ _____

14. State the amount of personal funds invested by the following:

Licensee/Owner \$ _____

Other Owners \$ _____

15. If capital is borrowed, provide the following and attach a copy of the note (s) or evidence of indebtedness, with all attachments, to this application.

Name of lender	Address	Amount	Date	Interest Rate
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_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

16. Name the person (s) that will be the manager of this business and provide the following information.

Name

Address

Compensation

17. Provide the name and address of your CPA or accounting firm:

Name

Address

18. Has the *business or any business associated with this business* been cited, charged, indicted, have a pending charge or been convicted at any time for any violation of Georgia Law, Federal Law or any rule or regulation of the State revenue commissioner or any rule, regulation or ordinance of the City of Kennesaw, Cobb County or other governmental unit? Yes () No ()

If yes, give full details.

19. Has the licensee, the licensee's spouse or any person having ownership interest in this business or their spouse been:

Arrested Yes () No ()

Convicted Yes () No ()

Detained Yes () No ()

Indicted Yes () No ()

Pled Guilty Yes () No ()

Pled Nolo Contender Yes () No ()

On Probation Yes () No ()

Any Pending Criminal Charge Yes () No ()

If you answered "YES" to any of these questions, list below in complete detail the name, dates, charges, places of arrest and disposition of charge (s). Failure to make a full disclosure in response to this question will result in denial of the application or a revocation of the license if information requested was not provided.

20. Has the licensee, the licensee's spouse or any person having ownership interest in this business or their spouse ever had any interest in any business, ever been a licensee or ever been an officer in any business that was cited, had an employee of any business cited, detained, arrested, indicted or convicted for any offense by any federal, state, county or city government or has any business been warned or had any license placed on probation, denied, suspended or revoked by any federal, state, county or city government? Failure to make a full disclosure in response to this question will result in denial of the application or a revocation of the license if information requested was not provided.

21. Indicate the type of alcohol awareness training and the number of hours of training that is required of owners and employees selling alcoholic beverages for the business. Also, indicate if training is required annually and the number of hours required.

22. What type of materials (written materials, signs, badges, etc.) are provided with the training of the employees?

23. Have you read and do you understand all the provisions of the City of Kennesaw and State of Georgia Alcoholic Beverage requirements as stated in Chapter Six (6) of the City of Kennesaw Code of Ordinances and Title III of the Official Code of Georgia. Yes () No ()

24. Are you aware that the sale of alcoholic beverages to an underage person (s) by you or your employees may result in the suspension or revocation of the alcoholic beverage license? Yes () No ()

25. What procedures do you have in place to ensure that alcoholic beverages are not sold to underage person (s) or any other violation of the City of Kennesaw Code of Ordinances and State Law? Please attach all documentation relating to such procedures and include an explanation as their usage.

26. What technology, equipment and products have been or will be implemented in the location to ensure compliance with the City of Kennesaw, Cobb County and State Law? Examples include cash registers that require the date of birth to be entered, cameras, signs and calendars). Describe below:

27. Estimated gross receipts from this location for the remaining calendar year: \$ _____

28. Employment: List occupations for the past ten (10) years. Include dates of employment and positions.

From/To Month/Year	Company	City	State	Position/Salary
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29. List previous residences of the licensee for the past ten (10) years.

From/To Month/Year	Address	City	State
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KENNESAW, GEORGIA
COBB COUNTY

I, _____ being duly sworn according to law, do swear that the facts and things stated by me in the above and foregoing answers to questions are true and no false or fraudulent statement is made herein and such answers were made in order to procure the granting of such a license.

I have received a copy of the City of Kennesaw Alcoholic Beverage Code and I am aware that all licenses must be obtained and fees paid no later than two weeks from the date of approval of this application by the Mayor and Council.

Signature of Applicant

Signature of Spouse of Applicant

Sworn to and subscribed before me this
_____ day of _____, _____

Notary Public

Signature and title of person other than applicant
filling out this application

Phone Number

Application received in Kennesaw City Hall by:

Application to be heard by Mayor & Council

Date and Time: _____

A REPRESENTATIVE MUST BE PRESENT AT THE MAYOR & COUNCIL MEETING

THE CITY OF KENNESAW
BUSINESS LICENSE DEPARTMENT
2529 J.O. STEPHENSON AVENUE
KENNESAW, GEORGIA 30144
PHONE (770) 424-8274 FAX (770) 429-4559

**FOOD SALES AND ALCOHOLIC BEVERAGE SALES AFFIDAVIT
TO BE COMPLETE BY RETAIL POURING APPLICANTS ONLY**

NAME OF ESTABLISHMENT: _____

ADDRESS OF ESTABLISHMENT: _____

LICENSEE'S NAME: _____

FOOD SALES AND ALCOHOLIC BEVERAGE SALES: Financial reports must be attached to support the reported total or CPA certification must be completed attesting to the reported sales. This information must be provided from the financial records of the above establishment on a calendar year basis or such period during which the establishment has been open.

PERIOD FOR WHICH INFORMATION IS PROVIDED: _____ (IF EXISTING BUSINESS, MUST BE A 12 MONTH PERIOD. IF NEW BUSINESS, MUST BE 12 MONTH ESTIMATE.)

Gross Receipts from Food sales this period: \$_____ (___ %)

Gross Receipts from Alcoholic Beverage sales this period: \$_____ (___ %)

Total Food sales and Alcoholic Beverage sales this period: \$_____ (___ %)

Briefly describe the method by which receipts are segregated daily into food sales and alcohol sales:

I certify that I have a working knowledge of the books and records of the establishment whose name appears above, and that to the best of my knowledge the figures presented above represent accurate sale totals for the period specified.

CPA NAME (PRINTED)	NAME OF CPA FIRM	PHONE
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CPA SIGNATURE	BUSINESS ADDRESS	CITY/STATE	ZIP
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SWORN UNDER: OATH THIS _____ DAY OF _____, 20____.

SIGNATURE OF NOTARY PUBLIC

I hereby affirm and understand that the privilege of selling alcoholic beverages on Sunday from 12:30 p.m. until Monday 2:55 p.m. requires valid alcoholic beverage pouring license, valid Sunday Sales pouring license and that at least 50% of the licensed establishment's annual gross food and alcoholic beverage sales must be derived from the sale of prepared meals and food.

I hereby affirm that I understand that records of food sales and alcoholic beverage sales must be prepared and maintained. Failure to prepare and maintain records of food sales and alcoholic beverage sales is cause for denial or revocation of the alcoholic beverage pouring license, including the Sunday Sales pouring license. I further affirm that I understand that the City of Kennesaw Business License Division may audit our records to verify same at its discretion.

Signature of Licensee/Owner

Sworn under oath this ___ day of _____, 20____.

Notary Public

Owner/Licensee Personal Statement Information

Attach 2x2 Picture
Photo Here

1. Full name of licensee (Do not Use Initials):

(Include maiden names and alias names if any)

2. Social Security #: _____ Business Phone: _____

3. Cell Phone: _____ Home Phone: _____

4. Home Address: _____

5. Business Address: _____

6. Race: _____ Sex: _____ Height: _____ Weight: _____

Age: _____ Color of Hair: _____ Color of Eyes: _____

7. Place of Birth: _____ Date of Birth: _____

U.S. Citizen: _____ By Birth: _____ Naturalized: _____

If a naturalized citizen, provide certificate #: _____ and submit original naturalization certificate or U. S. Passport

If a legal permanent resident, provide alien registration #: _____ and submit copy of I-551 card

Derived Parents Certificate #'s: _____

Date & Port of Entry: _____

8. How long have you resided in the City of Kennesaw or Cobb County? _____

9. Number of years at this present address? _____

10. Are you (Circle one): Single Married Widowed Divorced

Owner/Licensee Personal Statement Information

11. If married, complete the following information on spouse.

Full Name of Spouse: _____
Social Security #: _____ Spouse's Maiden Name: _____
Place of Birth: _____ Date of Birth: _____
Place of Marriage: _____ Date of Marriage: _____
Name of spouse's employer: _____
Address of employer: _____
U.S. Citizen: _____ By Birth: _____ Naturalized: _____
If a naturalized citizen, provide certificate #: _____ and submit original
naturalization certificate or U.S. Passport
If a legal permanent resident, provide alien registration #: _____ and
submit copy of I-551 card
Derived Parents Certificate #'s: _____
Date & Port of Entry: _____

12. Give names and addresses of all children and stepchildren (regardless of age).

Full Name	Address	Age	Birth Place
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

13. Give names and addresses of all immediate living relatives.

Parents: _____

Siblings: _____

In – Laws: _____

14. Do you or your spouse have financial interest in any bar, lounge, tavern, restaurant, or other place of business where alcoholic beverage are sold and consumed on the premises? If yes, give details:

Owner/Licensee Personal Statement Information

15. Are you or your spouse related to anyone who has ownership or is employed by any wholesale or retail alcoholic beverage business? If so, give name, relationship to licensee or licensee's spouse, business name and the amount of interest, and/or type of employment in each.

16. Education: List name of schools attended, address, dates of attendance and degrees earned.

From/To

M/YR School

City

State

Degree Earned

City of Kennesaw

ALCOHOL APPLICATION

OWNER/LICENSEE PERSONAL FINANCIAL STATEMENT

Name	Date of Birth
Social Security #	Name of Spouse
Residence Address	Business/Organization
City/State/Zip	Business Phone
Residence Phone	Partner/Officer in any other Business? () Yes () No

Assets		Liabilities	
Cash on hand in banks		Notes payable to banks - Secured	
Accounts Receivable		Notes payable to banks - Unsecured	
Stocks & Bonds		Accounts Payable	
Real Estate		Unpaid Taxes	
Cash value of Life Insurance		Mortgage on Real Estate	
Automobiles		Other Debts (itemize)	
Deposit Accounts			
Credit w/Financial Institutions		Total Liabilities	
Other Assets (Itemize)		Net Worth	
Total Assets		Total Liabilities & Net Worth	

Source of Annual Income	Salary
Bonus & Commissions	Dividends
Alimony, Child Support, or Separate Income	
Itemize all loan sources & Interest	
Other Income (Itemize)	
Total Income	
Unsatisfied judgments or lawsuits pending? () Yes () No	
Are any income tax returns made by you for prior years being contested? () Yes () No	If so, what do you estimate as the additional amount you may be required to pay?
Are any assets pledged or joint names other than as described above? () Yes () No	Have you ever been declared bankrupt? () Yes () No
Do you have a will? () Yes () No	Who is named as your executor?
Beneficiary:	

As of _____ 20____

CONSENT FORM

I hereby authorize the City of Kennesaw Police Department to receive any criminal history record and/or drivers history record information pertaining to me which may be in the files of any state or local criminal justice agency in the State of Georgia for the purpose of obtaining an alcohol license for:

Name of Establishment

Full Name (Printed)

Address

Sex Race DOB

Social Security Number

Signature of Applicant

Notary

Date

*TO BE COMPLETED BY THE LICENSEE, OWNERS AND SPOUSES, PARTNERS AND SPOUSES AND STOCKHOLDERS WITH 20% OR MORE SHARES AND THEIR SPOUSES.

EXAMPLE OF SURVEY



Nearest Residential Property - 136' (Cemetery)
 Nearest Church - 872' (Door-Door Shiloh UMC)
 Nearest School - Greater Than 600'
 Nearest Library - Greater Than 600'
 Nearest Alcoholic Treatment Center - Greater Than 600'



ALCOHOLIC BEVERAGE SURVEY - CONSUMPTION ON PREMISES

Land Lot [redacted] of the [redacted] District, [redacted] Section
 Cobb County, City of Kennesaw, Georgia

LOCATED IN
 LAND LOTS [redacted]
 DISTRICT [redacted]
 SECTION [redacted]
 Cobb County,
 City of Kennesaw
 Georgia

SMYRNA, GEORGIA 30080
 FAX: [redacted]
 ALL TYPES OF SURVEYS PLUS ENGINEERING AND CONSTRUCTION MANAGEMENT

JOB NO. 3784
 DRAWN BY: JB
 CHECKED BY: DLP
 DATE 3-10-04
 SCALE 1"=200'
 FIELD DATE 3-09-04

REVISIONS

DATE